


Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID:	61375	
Application ID:	10709682	
Title of Invention:	Arm Support with Mouse Pad	
First Named Inventor:	Andrea Bombelli	
Domestic/Foreign Application:	Domestic Application	
Filing Date:	2004-05-22	
Effective Receipt Date:	2004-05-22	
Submission Type:	Utility Patent Filing	
Filing Type:	new-utility	
Confirmation number:	3681	
Attorney Docket Number:	NONE	
Total Fees Authorized:	675.0	
Payment Category:	Credit Card.	
Credit Card Number:	*****1001	
Expiration Date:	11302006	
Card Holder Name:	Giorgio Bombelli	
Postal Code:	30305	
RAM Payment Status:	RAM has been failed because:	
	Incoming sale total does not match RAM-calculated sale amount.	

Digital Certificate Holder: Not trusted entity.

Certificate Message Digest: b9ee4e26cb1325964e31092fae28329305127df1

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

05/26/2004 HLE333 00000025 10709682

01 FC:2001 385.00 DP

PTO-1556
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10709682

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	7	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	985

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	